

MAR 23 2018



Missouri Ethics Commission (MEC)

P.O. Box 1370, Jefferson City MO 65102, (800) 392-8660, www.mec.mo.gov

Statement of Committee Organization

Office Use:

T180509

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1. Statement Information

Date: 03/09/2018

Type: ☒ New ☐ Amended (if amending, enter MEC ID C180168 & section changed _____)

2. Committee Information

Friends of Mary Elizabeth Coleman

Name of Committee

1015 Sable Lane Arnold, MO 63010

(314) 691-1476

Telephone Number

Official Committee Email Address

Jefferson County Clerk

County Clerk or Board of Election Commissioners

Committee Type: ☐ Campaign ☒ Candidate ☐ Continuing(PAC) ☐ Debt Service ☐ Exploratory ☐ Political Party

3. Treasurer/Deputy Treasurer Information

Lucas Null

Treasurer's Name (First & Last)

1015 Sable Lane Arnold, MO 63010

Treasurer's Mailing Address, City, State, & Zip

Treasurer's Email Address (optional)

(314) 691-1476

Phone 1

Phone 2

Deputy Treasurer's Name (if one appointed)

Deputy Treasurer's Email Address (optional)

Deputy Treasurer's Mailing Address, City, State, & Zip

Phone 1

Phone 2

4. Additional Committee Information

Additional Committee Officer's Name & Title (if any)

Additional Committee Officer's Mailing Address, City, State, & Zip

Connected Organization's Name (if any)

Connected Organization's Mailing Address, City, State, & Zip

CANDIDATES: Do you have more than one candidate committee? ☐ Yes (refer to instructions on back) ☒ No

5. Official Bank Account Information (required by all committees)

6. Candidate Supported or Opposed (candidate committees must include self, if candidate)

Mary Elizabeth Coleman 1020 Sable Lane Arnold, MO 63010

Name & Mailing address, City, State, & Zip of Candidate

(314) 375-6715

Phone 1

Phone 2

08/07/2018

Election Date

State Rep
Statewide Office Dist. 97

Office Sought & Political Subdivision

Republican

Political Party

Support or Oppose

7. Ballot Measure Supported or Opposed (campaign committees must complete this section)

Name of Ballot Measure

Election Date & Political Subdivision

Support or Oppose

8. Signature(s) Check certification(s) & sign (required by all committees)

☒ I affirm and attest under penalty of perjury that information and facts in this report are complete, true, and accurate. I further acknowledge that I am aware that any false statement or declaration made herein is punishable under Ch. 575 RSMo.

Committee Treasurer

Candidate (Candidate Committees Only)